POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER	PH		6/3
FORMALITY REVIEW	M.M.	71629	7-19-00
RESPONSE FORMALITY REVIEW	M.M.	71629	8-17-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	2/2/00		Date							
1	✔	✔									
2	✔	✔									
3	O	O									
4	✔	✔									
5	✔	✔									
6	N	✔									
7	✔	✔									
8	O	O									
9	✔	✔									
10	✔	✔									
11	✔	✔									
12	✔	✔									
13	O	O									
14	✔	✔									
15	✔	✔									
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											

Claim Final	Original	Date								
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										

Claim Final	Original	Date								
101										
102										
103										
104										
105										
106										
107										
108										
109										
110										
111										
112										
113										
114										
115										
116										
117										
118										
119										
120										
121										
122										
123										
124										
125										
126										
127										
128										
129										
130										
131										
132										
133										
134										
135										
136										
137										
138										
139										
140										
141										
142										
143										
144										
145										
146										
147										
148										
149										
150										

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy